

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | BA       | 70385  |         |
| O.I.P.E. CLASSIFIER |          |        |         |
| FORMALITY REVIEW    | EA       | 60125  | 11/8/99 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | 1     | 39       |      |
| 2     | 2     | 145      |      |
| 3     | 3     | 0202     |      |
| 4     | 4     | 0        |      |
| 5     | 5     | 0        |      |
| 6     | 6     | 0        |      |
| 7     | 7     | 0        |      |
| 8     | 8     | 0        |      |
| 9     | 9     | 0        |      |
| 10    | 10    | 0        |      |
| 11    | 11    | 0        |      |
| 12    | 12    | 0        |      |
| 13    | 13    | 0        |      |
| 14    | 14    | 0        |      |
| 15    | 15    | 0        |      |
| 16    | 16    | 0        |      |
| 17    | 17    | 0        |      |
| 18    | 18    | 0        |      |
| 19    | 19    | 0        |      |
| 20    | 20    | 0        |      |
| 21    | 21    | 0        |      |
| 22    | 22    | 0        |      |
| 23    | 23    | 0        |      |
| 24    | 24    | 0        |      |
| 25    | 25    | 0        |      |
| 26    | 26    | 0        |      |
| 27    | 27    | 0        |      |
| 28    | 28    | 0        |      |
| 29    | 29    | 0        |      |
| 30    | 30    | 0        |      |
| 31    | 31    | 0        |      |
| 32    | 32    | 0        |      |
| 33    | 33    | 0        |      |
| 34    | 34    | 0        |      |
| 35    | 35    | 0        |      |
| 36    | 36    | 0        |      |
| 37    | 37    | 0        |      |
| 38    | 38    | 0        |      |
| 39    | 39    | 0        |      |
| 40    | 40    | 0        |      |
| 41    | 41    | 0        |      |
| 42    | 42    | 0        |      |
| 43    | 43    | 0        |      |
| 44    | 44    | 0        |      |
| 45    | 45    | 0        |      |
| 46    | 46    | 0        |      |
| 47    | 47    | 0        |      |
| 48    | 48    | 0        |      |
| 49    | 49    | 0        |      |
| 50    | 50    | 0        |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    | 51    | 0        |      |
| 52    | 52    | 0        |      |
| 53    | 53    | 0        |      |
| 54    | 54    | 0        |      |
| 55    | 55    | 0        |      |
| 56    | 56    | 0        |      |
| 57    | 57    | 0        |      |
| 58    | 58    | 0        |      |
| 59    | 59    | 0        |      |
| 60    | 60    | 0        |      |
| 61    | 61    | 0        |      |
| 62    | 62    | 0        |      |
| 63    | 63    | 0        |      |
| 64    | 64    | 0        |      |
| 65    | 65    | 0        |      |
| 66    | 66    | 0        |      |
| 67    | 67    | 0        |      |
| 68    | 68    | 0        |      |
| 69    | 69    | 0        |      |
| 70    | 70    | 0        |      |
| 71    | 71    | 0        |      |
| 72    | 72    | 0        |      |
| 73    | 73    | 0        |      |
| 74    | 74    | 0        |      |
| 75    | 75    | 0        |      |
| 76    | 76    | 0        |      |
| 77    | 77    | 0        |      |
| 78    | 78    | 0        |      |
| 79    | 79    | 0        |      |
| 80    | 80    | 0        |      |
| 81    | 81    | 0        |      |
| 82    | 82    | 0        |      |
| 83    | 83    | 0        |      |
| 84    | 84    | 0        |      |
| 85    | 85    | 0        |      |
| 86    | 86    | 0        |      |
| 87    | 87    | 0        |      |
| 88    | 88    | 0        |      |
| 89    | 89    | 0        |      |
| 90    | 90    | 0        |      |
| 91    | 91    | 0        |      |
| 92    | 92    | 0        |      |
| 93    | 93    | 0        |      |
| 94    | 94    | 0        |      |
| 95    | 95    | 0        |      |
| 96    | 96    | 0        |      |
| 97    | 97    | 0        |      |
| 98    | 98    | 0        |      |
| 99    | 99    | 0        |      |
| 100   | 100   | 0        |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   | 101   | 0        |      |
| 102   | 102   | 0        |      |
| 103   | 103   | 0        |      |
| 104   | 104   | 0        |      |
| 105   | 105   | 0        |      |
| 106   | 106   | 0        |      |
| 107   | 107   | 0        |      |
| 108   | 108   | 0        |      |
| 109   | 109   | 0        |      |
| 110   | 110   | 0        |      |
| 111   | 111   | 0        |      |
| 112   | 112   | 0        |      |
| 113   | 113   | 0        |      |
| 114   | 114   | 0        |      |
| 115   | 115   | 0        |      |
| 116   | 116   | 0        |      |
| 117   | 117   | 0        |      |
| 118   | 118   | 0        |      |
| 119   | 119   | 0        |      |
| 120   | 120   | 0        |      |
| 121   | 121   | 0        |      |
| 122   | 122   | 0        |      |
| 123   | 123   | 0        |      |
| 124   | 124   | 0        |      |
| 125   | 125   | 0        |      |
| 126   | 126   | 0        |      |
| 127   | 127   | 0        |      |
| 128   | 128   | 0        |      |
| 129   | 129   | 0        |      |
| 130   | 130   | 0        |      |
| 131   | 131   | 0        |      |
| 132   | 132   | 0        |      |
| 133   | 133   | 0        |      |
| 134   | 134   | 0        |      |
| 135   | 135   | 0        |      |
| 136   | 136   | 0        |      |
| 137   | 137   | 0        |      |
| 138   | 138   | 0        |      |
| 139   | 139   | 0        |      |
| 140   | 140   | 0        |      |
| 141   | 141   | 0        |      |
| 142   | 142   | 0        |      |
| 143   | 143   | 0        |      |
| 144   | 144   | 0        |      |
| 145   | 145   | 0        |      |
| 146   | 146   | 0        |      |
| 147   | 147   | 0        |      |
| 148   | 148   | 0        |      |
| 149   | 149   | 0        |      |
| 150   | 150   | 0        |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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